REQUEST FOR REDUCTION

Fiscal Year:

Fund Name:

Purpose:
For use in Reduction of appropriations to any Fund.

		AMOUNT IN WHOLE DOLLARS	
ACCOUNT NUMBER	**ACCOUNT DESCRIPTION**	**REQUESTED**	**APPROVED**

COUNCIL REPRESENTATIVES:

1) 2)

EXPLANATION OF REQUEST:

Date stamped "On Receipt"
by County Auditor's Office

DEPARTMENT: _____

SIGNATURE: _____

DATE: _____